Event	Event Description	Segment Composition	Product	Product Option Trigger Event(s)	Notes
Туре				33 (7)	
A01	Inpatient Admission	MSH	AVPM	Admission	
		EVN			
		PID			
		PV1			
		[{OBX}]			
		[{AL1}]			
		[{DG1}]			
		[{IN1}]			
400	T ((D (D)	14011	A) (D) 4	D. I.A. :	
A02	Transfer (Program/Bed)	MSH	AVPM	Bed Assignment	
		EVN	AVPM	Program Transfer	
		PID PV1			
		FVI			
		[{OBX}]			
A03	Discharge	MSH	AVPM	Dre admission Discharge	
AU3	Discharge	EVN	AVPIVI	Pre-admission Discharge	
		PID		Discharge	
		PV1			
		[{DG1}]			
		[{OBX}]			
		[[{OBA}]			
A04	Outpatient/Partial Admission	MSH	AVPM	Admission	
A04	Outpatient/i artial Admission	EVN	AVPM	Outpatient Admission	
		PID	AVIIVI	Outpatient Admission	
		PV1			
		[{OBX}]			
		[{AL1}]			
		[{DG1}]			
		[{IN1}]			
		Itturill			
A05	Pre-admit	MSH	AVPM	Pre-admission	
		EVN			
		PID			
		PV1			
		[{OBX}]			
		[{AL1}]			
		[{DG1}]			
		[{IN1}]			
	<u></u>	160			
A08	Update	MSH	AVPM	Update Client Data	
	·	EVN	AVPM	Admission (Edit)	
		PID	AVPM	Outpatient Admission (Edit)	
		PV1	AVPM	Diagnosis Input	
		[{OBX}]	AVPM	Attending Clinician Assignment	

Event Type	Event Description	Segment Composition	Product	Product Option Trigger Event(s)	Notes
туре		[{AL1}]	AVPM	Delete Last Movement	
		[{DG1}]	AVPM	Change Program/Admission Date	
		[{IN1}]	Order Entry	Client Allergies And Hypersensitivities	
		[[[,,,]]	Order Entry	Client Allergies And Hypersensitivities Client Height And Weight	
			Order Entry	Chort Holght 7 tha Wolght	
A11	Cancel Admission	MSH	AVPM	Delete Last Movement	
		EVN			
		PID			
		PV1			
		[{OBX}]			
		[{DG1}]			
	_			_	
110	0 18: 1	MOU	41/014	D. I. I. I. I.	
A13	Cancel Discharge	MSH EVN	AVPM	Delete Last Movement	
		PID			
		PV1			
		[{OBX}]			
		[{OBA}]			
		[{AL1}]			
		[{DG1]}			
		[{IN1}]			
A17	Bed Swap	MSH	AVPM	Bed Switch	
		EVN			
		PID			
		PV1			
		PID			
		PV1			
A21	Leave	MSH	AVPM	Leave	
		EVN			
		PID			
		PV1			
		[{OBX}]			
A22	Return From Leave	MSH	AVPM	Return From Leave	
		EVN			
		PID			
		PV1			
		[{OBX}]			
		155 74	'		
A34	Merge Patient Info - Patient ID Only	MSH	AVPM	Client Merge - Non-episodic	
		EVN			
		PID			
		MRG			

Events Supported

Event Type	Event Description	Segment Composition	Product	Product Option Trigger Event(s)	Notes
A35	Merge Patient Info - Account Number Only	MSH	AVPM	Client Merge - Episode	
		EVN			
		PID			
		MRG			
A47	Change Patient Id - Internal	MSH	AVPM	Change MR Number	
	-	EVN		Change MPI MR#	
		PID			
		MRG			

41					L.,	L.				· .				
I)	Exclude Trea	itment s	settings -	this allows o	one to preve	ent messag	es from be	ing created	if the episo	ode progran	n does not	nave a valid	treatment s	setting
	choices are:													
	(1)	npatient												
	(O)utpatier	nt											
	(P	artial												
	there is no sy	stem de	fault (all A	DT messag	es sent reg	ardless of t	reatment se	etting)						
2)	Exclude Prog	gram Ca	tegories -	this allows	one to pre	vent messa	ges from b	eing create	d if the epi	sode progra	m does no	t have a va	lid program o	catego
	choices are:													
	(P	re-admi)	t											
	(A)dmit												

Segment-EVN

Field#	Field Description	ReqYN	Length	Product Field Description	Product Field Mapping	Notes
1	Event Type Code	Υ	3			Event Type
2	Recorded Date/Time	Υ	26			Date/Time Stamp
3	Date/Time Planed Event	N	26	N/A		
4	Event Reason Code	N	3	N/A		
5	Operator Id	N	60	N/A		
6	Event Occurred	N	26			Date Of Transfer/Leave/Return/etc
						Populated for the following events:
						A02
						A17
						A21
						A22
						A47

Field#	Field Description	ReaYN	Length	Product Field Description	Product Field Mapping	Notes
i iciu n	l leid Description	Keqii	Lengin	1 Toduct Fleid Description	1 Toddet Fleid Mapping	Notes
1	Set ID	N	4	Iteration Count		
2	Patient ID (External)	N	20	N/A		
3	Patient ID (Internal)	Y	20	Assigned ID	1	static
4	Alternate Patient ID	N	20	N/A		otatio
5.1	Patient Name	Y	48	Client Name - Last	2	static
5.2	T GUOTIL T GUITO	Y	1.0	Client Name - First	3	otalio e e e e e e e e e e e e e e e e e e e
5.3		N N		Client Name - Middle Initial	2	
6	Mother's Maiden Name	N	48	N/A		
7	Date/Time Of Birth	N	26	Date Of Birth	22	static
8	Sex	N	1	Sex	3	static (code)
9	Patient Alias	N	48	N/A		
10.1	Race	N	80	Race Code	116	static (code)
10.2		N		Race Description		code value
11.1	Patient Address	N	106	Client's Address - Street	90	static
11.2		N		Client's Address - Street 2	98	static
11.3		N		Client's Address - City	91	static
11.4		N		Client's Address - State	92	static (code)
11.5		N		Client's Address - Zipcode	94	static
11.9		N		Client's Address - County	93	static (code)
12	County Code	N	4	N/A		
13	Phone Number - Home	N	40	Client's Home Phone	95	static
14	Phone Number - Business	N	40	Client's Work Phone	96	static
15.1	Primary Language	N	60	Primary Language	149	static (code)
15.2		N		Primary Language Description		code value
16.1	Marital Status	N	80	Marital Status	10	static (code)
16.2		N		Marital Status Description		code value
17.1	Religion	N	80	Religion Code	9	static (code)
17.2				Religion Description		code value
18	Patient Account Number	N	20	Assigned ID and Episode and Facility		Example value: 000000001-1-42
				Number (as defined in option 'Facility		
				Defaults')		
19	SSN Number - Patient	N	16	Social Security Number	6	static
20	Driver's License Number	N	25	N/A		
21	Mother's Identifier	N	20	N/A		
22.1	Ethnic Group	N	80	Ethnic Origin	8	static (code)
22.2				Ethnic Origin Description		code value
23	Birth Place	N	60	N/A		
24	Multiple Birth Indicator	N	1	N/A		
25	Birth Order	N	2	N/A		
26	Citizenship	N	80	N/A		
27	Veterans Military Status	N	60	N/A		
28	Nationality	N	80	N/A		
29	Patient Death And Time	N	26	N/A		
30	Patient Death Indicator	N	1	N/A		

Assigned Patient Location - Room N Room 203 Isast location on file for episode	Field#	Field Description	ReqYN	Length	Product Field Description	Product Field Mapping	Notes
Patient Class Patient Location - Unit N 80 Unit 202 Isat location on life for episode							
Assigned Patient Location - Unit N 80 Unit 202 Isst tocation on file for episode	1			4			
3.1 Assigned Patient Location - Not Not Room 203 tast location on file for episode 1.5	2	Patient Class	Υ	1	(I)npatient or (O)utpatient	50	
Assigned Patient Location - Room N Room 203 Isast location on file for episode							
Assigned Patient Location - Bed N	3.1			80			
Assigned Patient Location - Facility Facility Number (as defined in option Facility Number (as defined in option Facility Number (as defined in option Facility Number (as defined in option Facility Number (as defined in option Facility Number							
Admission Type			N			204	
5 Preadmit Number N 20 N/A 6.1 Prior Patient Location N 80 Unit 202 location prior to last for episode 6.2 Prior Patient Location N Room 203 location prior to last for episode 6.3 Prior Patient Location N Bed Voltage (a) 204 location prior to last for episode 6.4 Prior Patient Location N Bed Alterding Pacificines (a) 204 location prior to last for episode 6.4 Prior Patient Location N 6 Alterding Pacificines (a) 204 location prior to last for episode 6.4 Prior Patient Location N 6 Alterding Pacificines (a) 36 last attending on file for episode. Example 7.2 Attending Doctor N 6 Alterding Pacificines (as defined in option Facility Doctor 2 7.2 Attending Pacificines (as defined in option Facility Doctor N 60 Alterding Pacificines (as defined in option Facility Pacificines (as defined	3.4	Assigned Patient Location - Facility					
6.1 Prior Patient Location N 80 Unit 202 location prior to last for episode 6.2 Prior Patient Location N Room 203 location prior to last for episode 6.3 Prior Patient Location N Bed 204 location prior to last for episode 6.4 Prior Patient Location N 60 Attending Doctor N 60 Attending Defaults) 36 last attending on file for episode. Example value: 000004-42 7.1 Attending Doctor N 60 Attending Practitioner Last Name 2 7.2 Attending Practitioner Patis Name 2 Attending Practitioner Fish Name 2 7.3 Attending Practitioner Patis Name 2 Attending Practitioner Middle Initial 2 8 Relering Doctor N 60 N/A N/A 9 Consulting Doctor N 60 N/A Attending Practitioner Middle Initial 2 11 Temporary Location N 80 N/A N/A 12 Pregorary Locat	4						
Prior Patient Location N Room 203 location prior to last for episode	5	Preadmit Number	N	20	N/A		
Prior Patient Location	6.1	Prior Patient Location	N	80	Unit	202	location prior to last for episode
Prior Patient Location - Facility	6.2	Prior Patient Location	N		Room	203	location prior to last for episode
Facility Defaults field 4. Attending Doctor N 60 Attending Practitioner Id and Facility Number (as defined in option Facility Value: 000004-42 value: 000004-43 value: 000004-44 value: 000004-44 value: 000004-45 value	6.3	Prior Patient Location	N		Bed	204	location prior to last for episode
Number (as defined in option Facility Defaults')	6.4	Prior Patient Location - Facility			, ,		· ·
Defaults Defaults Tatendring Practitioner Last Name 2 Tatendring Practitioner Last Name 2 Tatendring Practitioner Middle Initial 2 Tatendring Middle	7.1	Attending Doctor	N	60	Attending Pracitioner Id and Facility	36	last attending on file for episode. Example
Defaults Defaults Tatendring Practitioner Last Name 2 Tatendring Practitioner Last Name 2 Tatendring Practitioner Middle Initial 2 Tatendring Middle					Number (as defined in option 'Facility		value: 000004-42
Attending Practitioner First Name 2							
Attending Practitioner First Name 2	7.2				Attending Pracitioner Last Name	2	
Attending Practitioner Middle Initial 2							
Referring Doctor							
Section Sect	8	Referring Doctor	N	60			
10		<u> </u>	N		N/A		
Temporary Location							
Preadmit Test Indicator				_	-		
13							
Admit Source							
15							
16							
Admitting Doctor							
Admitting Practitioner First Name 2					Admitting Practitioner Id and Facility Number (as defined in option 'Facility	1154	Example value: 000004-42
Admitting Practitioner Middle Initial 2 18	17.2				Admitting Practitioner Last Name	2	
18 Patient Type N 2 N/A N/A 19 Visit Number N 20 N/A N/A <t< td=""><td>17.3</td><td></td><td></td><td></td><td>Admitting Practitioner First Name</td><td>2</td><td></td></t<>	17.3				Admitting Practitioner First Name	2	
19 Visit Number N 20 N/A 20 Financial Class N 50 N/A 21 Charge Price Indicator N 2 N/A 22 Courtesy Code N 2 N/A 23 Credit Rating N 2 N/A 24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	17.4				Admitting Practitioner Middle Initial	2	
20 Financial Class N 50 N/A 21 Charge Price Indicator N 2 N/A 22 Courtesy Code N 2 N/A 23 Credit Rating N 2 N/A 24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	18	Patient Type	N	2			
21 Charge Price Indicator N 2 N/A 22 Courtesy Code N 2 N/A 23 Credit Rating N 2 N/A 24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	19	Visit Number	N	20	N/A		
22 Courtesy Code N 2 N/A 23 Credit Rating N 2 N/A 24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	20	Financial Class	N	50	N/A		
23 Credit Rating N 2 N/A 24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	21	Charge Price Indicator	N	2	N/A		
24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	22	Courtesy Code	N	2	N/A		
24 Contract Code N 2 N/A 25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	23	Credit Rating	N	2	N/A		
25 Contract Effective Date N 8 N/A 26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	24	Contract Code	N	2	N/A		
26 Contract Amount N 12 N/A 27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	25	Contract Effective Date	N	8	N/A		
27 Contract Period N 3 N/A 28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A							
28 Interest Code N 2 N/A 29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A	27						
29 Transfer To Bad Debt Code N 1 N/A 30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A				-	-		
30 Transfer To Bad Debt Date N 8 N/A 31 Bad Debt Agency Code N 10 N/A			N		N/A		
31 Bad Debt Agency Code N 10 N/A				8			
32 Bad Debt Transfer Amount N 12 N/A				-	-		
	32	Bad Debt Transfer Amount	N	12	N/A		

Segment-PV1

Field#	Field Description	ReqYN	Length	Product Field Description	Product Field Mapping	Notes
33	Bad Debt Recovery Amount	N	12	N/A		
34	Delete Account Indicator	N	1	N/A		
35	Delete Account Date	N	8	N/A		
36	Dischage Disposition	N	3	N/A		
37	Discharge To Location	N	25	N/A		
38	Diet Type	N	2	N/A		
39	Servicing Facility	N	2	N/A		
40	Bed Status	N	1	N/A		
41	Account Status	N	2	N/A		
42	Pending Location	N	80	N/A		
43	Prior Temporary Location	N	80	N/A		
44	Admit DateTime	N	26	Admission Date/Time	42+45	episode admission date/time
45	Discharge DateTime	N	26	Discharge Date/Time	55+213	episode discharge date/time
46	Current Patient Balance	N	12	N/A		
47	Total Charge	N	12	N/A		
48	Total Adjustments	N	12	N/A		
49	Total Payments	N	12	N/A		
50	Alternate VisitId	N	20	N/A		
51	Visit Indicator	N	1	N/A		
52	Other Health Provider	N	6	N/A		

Field#	Field Description	ReqYN	Length	Option	Product Field Description	Product Field Mapping	Notes
1	Set ID		4				
2	Value Type		3				Populate with 'NM'
							·
3.1	Observation Identifier - Code	Υ	590				We will be utilizing LOINC identifiers. For
							height the value sent will be '3137-7' and for weight '3141-9'
3.2	Observation Identfier - Text						Populate with "HEIGHT' or 'WEIGHT'
							based on value
3.3	Observation Identifier - Name Of Coding						'LOINC'
	System						
4	Observation Sub-ID		20	N/A	N/A		
5	Observation Value			Order Entry	Height or Weight	10100 or 10103	
				(Client Height And Weight)			
				And Weight)			
6	Units		60	Order Entry	Extended dictionary off of 'Height Unit'		An extended dictionary has been added off
				(Client Height	(10101) or 'Weight Unit' (10104)		of 'Height Unit' and 'Weight Unit' to allow
				And Weight)			for the input of units of measure codes/abbreviations
							codes/absreviations
7	References Range		60	N/A	N/A		
			_				
8	Abnormal Flags		5	N/A	N/A		
9	Probability		5	N/A	N/A		
10	Nature Of Abnormal Test		2	N/A	N/A		
11	Observ Results Status	Y	1				'C'
11	Observ Results Status	!	1				
12	Date Last Obs Normal Values		26	N/A	N/A		
13	User Defined Access Checks		20	N/A	N/A		
14	Date/Time Of The Observation		26	Order Entry	Date Height Recorded or Date Weight	10102 or 10105	
	Date, rance of the observation				Recorded	10.102 0. 10.100	
				And Weight)			
45	Producers ID		00	N//A	N/A		
15	Floudcers ID		60	N/A	IVA		
16	Responsible Observer		80	N/A	N/A		
17	Observation Method		60	N/A	N/A		

Field#	Field Description	ReqYN	Length	Option	Product Field Description	Product Field Mapping	Notes
4	Set ID	Υ	4				
1	Set ID	T	4				
2	Allergy Type		2		N/A		
3.1	Allergy Code	Y	60	Order Entry (Client Allergies And Hypersensetivi ties)	Allergen/Reactant	10000	The default value will be the 'Allergen/Reactant' code. This will be overriden with any value defined in the extended dictionary 'Interface Code' (field 10008) which is off of field 'Allergen/Reactant'
3.2	Allergy Description						The default value will be the 'Allergen/Reactant' code description. This will be overriden with any value defined in the extended dictionary 'Interface Description' (field 10010) which is off of field 'Allergen/Reactant'
4	Allergy Severity		2	Order Entry (Client Allergies And Hypersensetivi ties)	Reaction Severity	10003	
5	Allergy Reaction		15	Order Entry (Client Allergies And Hypersensetivi ties)	Reactions	10002	
6	Identification Date		8	Order Entry (Client Allergies And Hypersensetivi ties)	Date Recognized	10004	
*** Only th	nose allergy records that have a value of 'Y	for the ext	ended dicti	onary field 'Includ	de In Clinical Screening' (field 1000)	7) which is off of 'Status' (10001) will	be sent across the interface

Field#	Field Description	ReqYN	Length	Option	Product Field Description	Product Field Mapping	Notes
1	Set ID	Υ	4		Iteration Counter		
2	Diagnosis Coding Method	N	2		N/A		
3.1	Diagnosis Code	Υ	60	AVPM (Diagnosis)	Diagnosis Code	Any axis I or II diagnosis code that maps to a valid ICD9 diagnosis code. Any axis III diagnosis code	Will pull information from last diagnosis record on file for episode in question
3.2		Y		AVPM (Diagnosis)	Diagnosis Description		
3.3		Y		AVPM (Diagnosis)	Diagnosis Coding System		'19'
4	Diagnosis Description	N	40		N/A		
5	Diagnosis Date/Time	N	26	AVPM (Diagnosis)	Diagnosis Date	124	last diagnosis(P) record on file for episode
6	Diagnosis Type	Υ	2	AVPM (Diagnosis)	(A)dmitting, (W)orking or (F)inal	125	last diagnosis(P) record on file for episode. Admission='A' Discharge='F' else 'W'
7	Major Diagnositic Category	N	60		N/A		
8	Diagnostic Related Group	N	4		N/A		
9	DRG Approval Indicator	N	2		N/A		
10	DRG Grouper Review Code	N	2		N/A		
11	Outlier Type	N	60		N/A		
12	Outlier Days	N	3		N/A		
13	Outlier Costs	N	12		N/A		
14	Grouper Version And Type	N	4		N/A		
15	Diagnosis Priority	N	2		N/A		
16.1	Diagnosing Clinician	N	60	AVPM (Diagnosis)	Diagnosing Practitioner Id and Facility Number (as defined in option 'Facility Defaults')	1165	Example value: 000004-42
16.2		N	60	AVPM (Diagnosis)	Diagnosing Practitioner Last Name	2	
16.3		N	60	AVPM (Diagnosis)	Diagnosing Practitioner First Name	2	
16.4		N	60	AVPM (Diagnosis)	Diagnosing Practitioner Middle Name	2	
17	Diagnosis Classification	N	3		N/A		
18	Confidential Indicator	N	1		N/A		
19	Attestation Date/Time	N	26		N/A		
***	will only transmit ICD9 diagnosis codes. If						
	DSM IV with ICD9 xref then send xref						

Field#	Field Description	RegYN	Length	Option	Product Field Description	Product Field Mapping	Notes
	·			Τ'			
1	Set ID						
2.1	Insurance Plan ID			AVPM	Guarantor Plan	714	
				(Financial			
				Eligibility)			
2.2							Plan Desc
3.1	Insurance Company ID			AVPM	Guarantor #	680	
				(Financial			
				Eligibility)			
4.1	Insurance Company Name			AVPM	Guarantor Name	239	
				(Financial			
				Eligibility)			
5.1	Insurance Company Address			AVPM	Guarantor Address - Line 1	240	
				(Financial			
	-			Eligibility)			
5.2	Street 2			AVPM	Guarantor Address - Line 2	241	
				(Financial			
				Eligibility)			
5.3	City			AVPM	Guarantor Address - City	242	
				(Financial			
				Eligibility)			
5.4	State			AVPM	Guarantor Address - State	243	
				(Financial			
				Eligibility)			
5.5	Zip			AVPM	Guarantor Address - Zip	244	
				(Financial			
0	In a contract Decree			Eligibility)	N/A		
6	Insurance Company Contact Person			A) (D) 4	N/A	0.45	
7.1	Insurance Company Phone			AVPM (Financial	Guarantor Phone Number	245	
				(Financial Eligibility)			
8	Croup Number			AVPM	Cubacribar Croup Numbar	205	
0	Group Number			(Financial	Subscriber Group Number	265	
				Eligibility)			
9.1	Group Name			AVPM	Subscriber Group Name	264	
9.1	Group Name			(Financial	Subscriber Group Name	204	
				Eligibility)			
10.1	Insured's Group Emp Id			AVPM	Subscriber Employer ID Number	10202	
10.1	insured's Group Emp id			(Financial	Subscriber Employer ib Number	10202	
				Eligibility)			
11.1	Insured's Group Emp Name			AVPM	Subscriber Employer Name	258	
	insured's Group Emp Name			(Financial	Oubscriber Employer Name	200	
				Eligibility)			
12	Plan Effective Date			AVPM	Coverage Effective Date	712	
12	Tian Encouve Date			(Financial	Coverage Encouve Date	7.12	
				Eligibility)			
13	Plan Expiration Date			AVPM	Coverage Expiration Date	713	
1,0	Expiration bato			(Financial	Co.orago Expiration Dato	10	
				Eligibility)			
14	Authorization Information			igioiiity/	N/A		
15	Plan Type				N/A		
16.1	Name Of Insured - Last			AVPM	Subscriber Name	246	
10.1	rame of moured Last		1	, 1 V I IVI	Cappolibol Hallic	270	

Field#	Field Description	ReqYN	Length Option	Product Field Description	Product Field Mapping	Notes
16.2	Name Of Insured - First		(Financial			
16.3	Name Of Insured - Middle		Eligibility)			
17.1	Insured's Relationship To Patient		AVPM	Client's Relationship To Subscriber	247	* Note that relationship as defined in
			(Financial			PM is the reverse of what this field
			Eligibility)			indicates
17.2						Relationship Desc
18	Insured's Date Of Birth		AVPM	Subscriber Date Of Birth	326	
			(Financial			
			Eligibility)			
19.1	Insured's Address		AVPM	Subscriber Address - Street Line 1	248	
			(Financial			
			Eligibility)			
19.2	Street 2		AVPM	Subscriber Address - Street Line 2	249	
			(Financial			
			Eligibility)			
19.3	City		AVPM	Subscriber Address - City	250	
			(Financial			
			Eligibility)			
19.4	State		AVPM	Subscriber Address - State	251	
			(Financial			
			Eligibility)			
19.5	Zip		AVPM	Subscriber Address - Zip	252	
			(Financial			
			Eligibility)			
20	Assignment Of Benefits		AVPM	Assignment Of Benefits	277	Y/N
			(Financial			
			Eligibility)			
21	Coordination Of Benefits		AVPM	Coordination Of Benefits	1058	Y/N
			(Financial			
			Eligibility)			
22	Coord Of Ben Priority			N/A		
23	Notice Of Admission Flag			N/A		
24	Notice Of Admission Date			N/A		
25	Report Of Eligibility Flag			N/A		
26	Report Of Eligibility Date			N/A		
27	Release Information Code		AVPM	Subscriber Release Of Info	278	Y/N
			(Financial			
			Eligibility)			
28	Pre-Admit Cert			N/A		
29	Verification Date/Time			N/A		
30	Verification By			N/A		
31	Type Of Agreement Code			N/A		
32	Billing Status			N/A		
33	Lifetime Reserve Days			N/A		
34	Delay Before LR Day			N/A		
35	Company Plan Code			N/A		
36	Policy Number		AVPM	Subscriber Policy Number	263	
			(Financial			
			Eligibility)			
37	Policy Deductibles			N/A		
38	Policy Limit Amount			N/A		
39	Policy Limit Days			N/A		

Segment - IN1

Field#	Field Description	ReqYN	Length	Option	Product Field Description	Product Field Mapping	Notes
40	Room Rate - Semi				N/A		
41	Room Rate - Private				N/A		
42.1	Insured's Employment Status			AVPM	Subscriber Employment Status	256	
				(Financial			
				Eligibility)			
42.2							Status Desc
43	Insured's Sex			AVPM	Subscriber Sex	255	
				(Financial			
				Eligibility)			
44.1	Insured's Employer's Address			AVPM	Subscriber Employer Address - Street 1	259	
				(Financial			
	-			Eligibility)			
44.2	Street 2				N/A		
44.3	City			AVPM	Subscriber Employer Address - City	261	
				(Financial			
				Eligibility)			
44.4	State			AVPM	Subscriber Employer Address - State	262	
				(Financial			
				Eligibility)			
44.5	Zip			AVPM	Subscriber Employer Address - Zip	260	
				(Financial			
				Eligibility)			
45	Verification Status				N/A		
46	Prior Insurance Plan ID				N/A		
47	Coverage Type				N/A		
48	Handicap				N/A		
49	Insured's ID Number				N/A		

Field#	Field Description	ReqYN	Length	Option	Product Field Description	Product Field Mapping	Notes
	Prior Patient Id - Internal	Y	20	AVPM	Assigned ID or Source ID (depending on		
				(Change MR#)	option being accessed)		
				(Client Merge)			
2	Prior Alternate Patient Id	N	16		N/A		
3	Prior Patient Account Number	N	20	AVPM (Client	Assigned ID or Source ID and Episode or		Same format as used in segment 'PID'
				Merge)	Source Episode and Facility Number (as		field 18
					defined in option 'Facility Defaults')		
4	Prior Patient Id - External	N	16		N/A		
5	Prior Visit Number	N	15		N/A		
6	Prior Alternate Visit Id	N	20		N/A		
7	Prior Patient Name	N	48		N/A		

Segment-MSH

Field#	Field Description	ReqYN	Length	Product Field Description	Product Field Mapping	Notes
1	Field Separator	Y	1			'I'
2	Encoding Characters	Y	4			'^~\&'
3	Sending Application	N	180			'CSM'
4	Sending Facility	N	180	Facility Number (as defined in option 'Facility Defaults')	^BILL(%CC,14)	
5	Receiving Application	N	180	N/A		
6	Receiving Facility	N	180	N/A		
7	Date/Time Of Message	N	26			Date/Time Stamp
8	Security	N	40	N/A		
9.1	Message Type	Y	7			Message Type
9.2	Message Type	Y				Trigger Event (see Events Supported)
10	Message Control Id	Y	20			Unique Message Id
11	Processing Id	Y	3			'P' = production 'T' = test
12	Version Id	Y	60			'2.3.1'
13	Sequence Number	N	15	N/A		
14	Continuation Pointer	N	180	N/A		
15	Accept Acknowledgement Type	N	2	N/A		
16	Application Acknowledgement Type	N	2	N/A		
17	Country Code	N	2	N/A		
18	Character Set	N	10	N/A		
19	Principle Language Of Message	N	60	N/A		